08819

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
LENGTH OF STAY (in this place) 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Summit
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) (Last) Baker
4. DATE OF DEATH (Month) Aug. (Day) 3 (Year) 1952
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec 19, 1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) West Loran Canada
12. CITIZEN OF WHAT COUNTRY? N.S.
13. FATHER'S NAME J. C. Schleehauf
14. MOTHER'S MAIDEN NAME Sarah Gilbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Dr. J. T. Baker, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia	30 da.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Nephrosclerosis	10 years
	(c)	Chronic myocarditis & Hypertension disease	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE J. Tyler Baker (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED Aug. 5, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Aug. 3, 52 NAME OF CEMETERY OR CREMATORY Silverbrook Crematory LOCATION (City, town, or county) Wilmington (State) Del

DATE REC'D BY LOCAL REG. 8/2/52 REGISTRAR'S SIGNATURE N. A. Neeres
24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08820

CERTIFICATE OF DEATH

Reg. Dist. No. 2-9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 5-51

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN NEAVITT
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAVITT
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) COOPER (Middle) GODWIN (Last) BALL

4. DATE OF DEATH: (Month) Aug. (Day) 11, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE 15, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COMMERCIAL WATERMAN

10b. KIND OF BUSINESS OR INDUSTRY: SEAFOOD

11. BIRTHPLACE (State or foreign country): NEAVITT

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS BALL

14. MOTHER'S MAIDEN NAME: MARY C. HARRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: MRS. COOPER G. BALL, NEAVITT, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Myocardial Infarction DUE TO — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Coronary Heart D. DUE TO — Interval Between Onset and Death: 2
(c) arteriosclerosis - advanced many years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7-25, 1952 to 8-11, 1952; that I last saw the deceased alive on 8-10, 1952 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Geo. M. Reese Jr. M.D. St. Michaels 8-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF Aug 13, 1952

NAME OF CEMETERY OR CREMATORY NEAVITT CEMETERY

LOCATION (City, town, or county) (State) NEAVITT, Md.

DATE REC'D BY LOCAL REG. Aug 12, 52

REGISTRAR'S SIGNATURE Mrs Robt L. Seth

24. FUNERAL DIRECTOR S. HAMBLETON HARRISON, ADDRESS ST. MICHAELS, Md.

RECEIVED
AUG 13 1952
BUREAU V. I.

08821

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 37 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Everette (Middle) Green (Last) Bullock

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Feb 3 1868

9. AGE Last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Veterinarian

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Charles Wm Bullock

14. MOTHER'S MAIDEN NAME: Melvina L. King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-20-4431

17. INFORMANT AND ADDRESS: M W. M Bullock

18. MEDICAL CERTIFICATION
218-20-7431

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer Stomach — ?

(c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 16 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinomatosis, Pyloric obstruction

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1952, to Aug 17, 1952, that I last saw the deceased alive on ....., 19....., and that death occurred at 6:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W M Palmer MD — ADDRESS: Easton Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Aug. 19. 52	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/18/52	M. L. Merrick	Barton Bros.	Centreville Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 29 1952
BUREAU V. S.

08822

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 South

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
STREET ADDRESS (If rural, give location) 312 South St. Easton Md.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Edward (Last) Dobson
4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1952

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-30-83
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Jacob Dobson
14. MOTHER'S MAIDEN NAME Sally Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Edward Dobson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 months

431X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Same

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to Aug. 23, 1952, that I last saw the deceased alive on Aug. 23, 1952, and that death occurred at 9 30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Haynard T. Webb, M.D. ADDRESS Easton, Md. DATE SIGNED 8/25/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-29-52
NAME OF CEMETERY OR CREMATORY Richardson Cemetery
LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 8/29/52
REGISTRAR'S SIGNATURE N. H. Neerie
24. FUNERAL DIRECTOR James B. Darkiell, ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1952
BUREAU V.

08823

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsboro
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Ebling
4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 8-22-52
9. AGE last birthday N. Born yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Herbert Ebling
14. MOTHER'S MAIDEN NAME Mary Cordella Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Chas. H. Ebling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

760.5 Immediate cause (a) Subtentorial hemorrhage — 2h 45 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature birth

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 1952, to Aug. 22, 1952, that I last saw the deceased alive on Aug. 23, 1952, and that death occurred at 11 30 a.m., from the causes and on the date stated above.

SIGNATURE Kmo Cederer — (Degree or title) M.D. — ADDRESS Queen Anne — DATE SIGNED 8/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE THEREOF 8/22/52 — NAME OF CEMETERY OR CREMATORY Memorial Hospital — LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 8/22/52 — REGISTRAR'S SIGNATURE N. H. Neirus — 24. FUNERAL DIRECTOR Memorial Hospital — ADDRESS Easton Md

2082173323

VS. 115 — MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 2 1952
BUREAU V. S.

24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 29 6

M

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman
LENGTH OF STAY (in this place) 78 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) (Last) Edmond

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov. 24 1868
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Edmond
14. MOTHER'S MAIDEN NAME: Julia Frazer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Lockwood Hardcastle, Bozman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Myocardial Infarction	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Heart Disease	10 yrs.
	DUE TO (c) arteriosclerosis - advanced	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8-24, 1952, to 8-24, 1952, that I last saw the deceased alive on 8-24, 1952, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

SIGNATURE Guy M Reeser Jr (DEGREE OR TITLE) M.D. ADDRESS St Michaels Md DATE SIGNED 8-25-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug 27, 1952
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) St. Michaels (State) Md

DATE REC'D BY LOCAL REG. Aug 30/52
REGISTRAR'S SIGNATURE Mrs Robt E Selk
24. FUNERAL DIRECTOR S. Hambleton Harrison ADDRESS St. Michaels Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

T

RECEIVED
AUG 2 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 9/51

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton,
LENGTH OF STAY (in this place) 60yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. Harrison St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) N. Harrison St.

3. NAME OF DECEASED: (Type or Print) (First) Delia (Middle) Agnes (Last) Elliott

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 23, 1870

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): County Mayo, Ireland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas McNicholas

14. MOTHER'S MAIDEN NAME: Padden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO.

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Margaret Mason - Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) apoplexy	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerosis Generalized	?
	(c) DUE TO	

334X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture, hips - 3 times 5-yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 5-0 to 8/13/ 19 52, that I last saw the deceased alive on 8/12/ 19 52, and that death occurred at 12 30 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Easton Md DATE SIGNED 8/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Aug. 16, 1952 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) (State) Easton, Talbot Md

DATE REC'D BY LOCAL REG. 8/14/52 — REGISTRAR'S SIGNATURE N. A. Meares

24. FUNERAL DIRECTOR Maurice E. Newnam & Son — ADDRESS Easton Maryland.

RECEIVED
AUG 22
BUREAU V. S.

Item 18 Film G146 9-3-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Euston
LENGTH OF STAY (in this place) 11 mos. 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Euston Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Maggie (Middle) Etta (Last) Friend
4. DATE OF DEATH (Month) Aug (Day) 16 (Year) 1952
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH 12-10-1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY H W
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME Maggie Driver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Edith M. Banks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
20 Immediate cause	(a) Cardiac Decompensation	10 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Loetic ~~Aortic~~ Aortitis & Aortic Insufficiency	10 years
	(c) Osteoarthritis	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. outstanding hr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1939, to August 16, 1952, that I last saw the deceased alive on Aug 15, 1952, and that death occurred at 9:45 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] W. Kimmy M.D. P.O. Box 45 Preston Md 8/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-19-52
NAME OF CEMETERY OR CREMATORY Mt. Pleasant
LOCATION (City, town, or county) Preston (State) Md

DATE REC'D BY LOCAL REG. 8/17/52
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR J J Crampton Son Federalsburg ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1952
BUREAU V. S.

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Talbot COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McDaniel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edward (Last) Gillaspey

4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH Apr. 15, 1882
9. AGE last birthday 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Hardware
10b. KIND OF BUSINESS OR INDUSTRY Butler Bros
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. Charles W. Gillaspey
14. MOTHER'S MAIDEN NAME Elizabeth Gates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Mrs. Doris N. Gillaspey - McDaniel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 37 days

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23-, 1952, to 8-29-, 1952, that I last saw the deceased alive on 8-29-, 1952, and that death occurred at 8:55 A. m., from the causes and on the date stated above.

SIGNATURE A. H. Bartle (Degree or title) M.D. ADDRESS 9 N. Hanson St., Easton, Md. DATE SIGNED 8-29-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/31/52
NAME OF CEMETERY OR CREMATORY Lorraine Park
LOCATION (City, town, or county) Woodlawn (State) Md

DATE REC'D BY LOCAL REG. 8/29/52
REGISTRAR'S SIGNATURE N. H. Neeris
24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Neavitt, Md.
LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Ohio — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wellsville, Ohio
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) LUELL (Middle) MANCHESTER (Last) GRAHAM

4. DATE OF DEATH: (Month) Aug (Day) 19, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 12, 1883

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Graham

14. MOTHER'S MAIDEN NAME: Emma McGhie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Bruce R. Graham, Neavitt, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) asphixiation	Immediate
974X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Strangulation - Self-Induced	
	(c) DUE TO Depression	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Neavitt (CITY OR TOWN) Talbot (COUNTY) Md (STATE)

TIME OF INJURY (Month) August (Day) 14 (Year) 1952 (Hour) 1½ P.M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Suicide

22. I hereby certify that I attended the deceased from 8-19, 1952, to 8-19, 1952, that I last saw the deceased alive on No Date 19....., and that death occurred at 1½ p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Henry M Rucker Jr M.D. St Michaels Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug 22 1952

NAME OF CEMETERY OR CREMATORY: Springhill Cemetery

LOCATION (City, town, or county) (State): Wellsville, Ohio

DATE REC'D BY LOCAL REG.: Aug 20/52

REGISTRAR'S SIGNATURE: Mrs Robt R Belt

24. FUNERAL DIRECTOR — ADDRESS: S. Hambleton Harrison, St. Michaels, Md.

RECEIVED
AUG 22 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Edmund (Middle) R. (Last) Greenwood.
4. DATE OF DEATH (Month) Aug (Day) 6 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov 19, 1886
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Talbot County Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm Greenwood
14. MOTHER'S MAIDEN NAME Margaret Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-32-0879
17. INFORMANT AND ADDRESS Mrs. E. S. Greenwood, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkins disease

201X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 yrs 7 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to 6 Aug, 1952, that I last saw the deceased alive on 6 Aug, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Aug 8, 1952 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

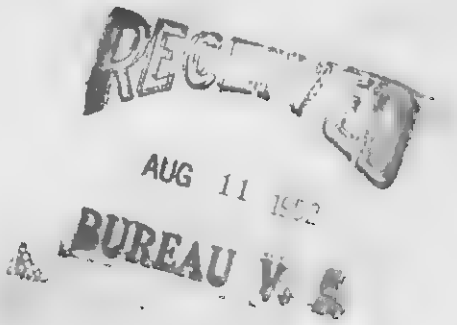
DATE REC'D BY LOCAL REG. 8/7/52 REGISTRAR'S SIGNATURE N. H. Neirus 24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

3



Item 9 Film 116 3/26/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Evelyn (Last) Harden

4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: Dec. 9, 1885

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Trappe, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Adam Bryan

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Lyons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Phil L. Harden Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	3 yrs
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis & Hypertension	5 yrs.
	DUE TO (c)	

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ attended the deceased from 5/12/, 1952 to Aug., 1952, that I last saw the deceased alive on Aug 7th, 1952, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) William D. Laymaster MD ADDRESS Trappe, Md. DATE SIGNED 8/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Aug 19 1952 — NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery — LOCATION (City, town, or county) (State): Easton, Talbot, Md

DATE REC'D BY LOCAL REG. 8/18/52 — REGISTRAR'S SIGNATURE: M. H. Meares

24. FUNERAL DIRECTOR — ADDRESS: Maurice E. Newnam & Son Easton Maryland.

RECEIVED
AUG 22
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mrs (Middle) Olive (Last) Howeth

4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH 3/10/1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Mr Franklin Orem
14. MOTHER'S MAIDEN NAME Katherine Radcliffe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. unknown
17. INFORMANT AND ADDRESS Mr Wm F. Howeth Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	3 days
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	7 days
	(c) Diabetes Mellitus	many years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10 aug, 1952, to 22 aug, 1952, that I last saw the deceased alive on 22 aug, 1952, and that death occurred at 1 20 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Guy M Reese Jr ADDRESS St Michaels Md DATE SIGNED 5-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 25, 1952
NAME OF CEMETERY OR CREMATORY Springhill Cemetery
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 8/23/52
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR S. Hamilton Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Easton, Md
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 605 Dover St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Rural
STREET ADDRESS (If rural, give location): Diamond Corner

3. NAME OF DECEASED: (Type or Print) (First) Amanda (Middle) Moore (Last) Johnson

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 11-1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 6, Days 24; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Royal Oak, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Garrison Moore

14. MOTHER'S MAIDEN NAME: Francis Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William Moore, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Chronic parenchymatous Nephritis	2 years
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Chronic Nephroscleritis	4 years
	(c) DUE TO		

4222

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1952, to Aug 3, 1952, that I last saw the deceased alive on Aug 3, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Hayward T. Pratt M.D. ADDRESS Easton, Md. DATE SIGNED 8/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 7 1952

NAME OF CEMETERY OR CREMATORY: St Pauls Cemetery

LOCATION (City, town, or county) (State): Easton R.D. Md.

DATE REC'D BY LOCAL REG. 8/5/52

REGISTRAR'S SIGNATURE: N.H. Neires

24. FUNERAL DIRECTOR ADDRESS: John D Williams, Easton Md

AUG
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 341

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) OLIVER (Middle) (Last) JOHNSON
4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 11-16-1901
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canning house
11. BIRTHPLACE (State or foreign country): Sumter S. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unk.
16. SOCIAL SECURITY NO.: 213-18-4045
17. INFORMANT & ADDRESS: Helen Lewis Sherwood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.
331X
DUE TO
Antecedent cause(s) (b) Hypertension — 6 mo
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1952, to May 1952, that I last saw the deceased alive on July 1952, and that death occurred at 10 P. M. from the causes and on the date stated above.

SIGNATURE Guy M Reed Md (DEGREE OR TITLE) ADDRESS Tilghman Md DATE SIGNED Aug 24 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8/24/52
NAME OF CEMETERY OR CREMATORY Bethlehem Col.
LOCATION (City, town, or county) Bethlehem Caroline Md (State)
DATE REC'D BY LOCAL REG. Aug 23, 52
REGISTRAR'S SIGNATURE Mrs Robt. R. Seth
24. FUNERAL DIRECTOR J. Leeds Moore ADDRESS Tilghman Md

VS. A15 5-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND LENGTH OF STAY (In this place) 12 hrs 5 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JANICE (Middle) Mc (Last) Whorter

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Jan 10, 1952

9. AGE last birthday: 7 MO yrs. If under 1 year: Months 7; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Mc Whorter

14. MOTHER'S MAIDEN NAME: Phyllis Hazard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Jacob Mc Whorter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diarrhoea, Type not determined — Interval Between Onset and Death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

571.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3/52, to 8/4/52, that I last saw the deceased alive on Aug 3, 1952, and that death occurred at 1 1/4 m., from the causes and on the date stated above.

SIGNATURE: M Cof (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 8/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 8/4/52; NAME OF CEMETERY OR CREMATORY: Union; LOCATION (City, town, or county) (State): Goldsboro Md.

DATE REC'D BY LOCAL REG. 8/4/52; REGISTRAR'S SIGNATURE: M. L. Nevins

24. FUNERAL DIRECTOR: R. B. Rawlings; ADDRESS: Greensboro Md.

RECEIVED
AUG 11 1952
BUREAU V. S.

35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND: Easton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): Edith ~~Mae~~ Ida (First) (Middle) Merrick (Last)
4. DATE OF DEATH: Aug 22 (Month) (Day) (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 1-30-1910
9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bullan factory
10b. KIND OF BUSINESS OR INDUSTRY: Hand carver
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mr Eugene R Merrick
14. MOTHER'S MAIDEN NAME: Nellie E Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: 216-05-3050
17. INFORMANT AND ADDRESS: Mrs Nellie E Merrick (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

330 X Immediate cause (a) Subarachnoid hemorrhage — 2 x [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Underlying [illegible] — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential hypertension — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Aug, 1952, to 22 Aug, 1952, that I last saw the deceased alive on 22 Aug, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE: [illegible] Harrison (Degree or title) M.D. ADDRESS: Easton, Maryland DATE SIGNED: [illegible]

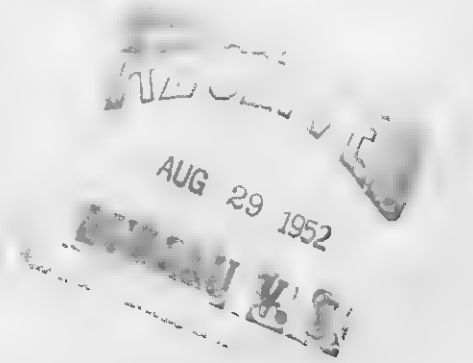
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8-25-52 — NAME OF CEMETERY OR CREMATORY: Hill Crest — LOCATION (City, town, or county): Federalsburg (State): Md

DATE REC'D BY LOCAL REG.: 8/23/52 — REGISTRAR'S SIGNATURE: N. H. Nerrie — 24. FUNERAL DIRECTOR: [illegible] Trampt [illegible], Federalsburg [illegible] — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


AUG 29 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe — LENGTH OF STAY (In this place): Alse
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe,
STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Spencer Mills
4. DATE OF DEATH (Month) (Day) (Year): 8 22 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-16-82
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Nathan Mills
14. MOTHER'S MAIDEN NAME: July Ann Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Royce Wells, Trappe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Chr Myocarditis c̄ Generalized Arteriosclerosis — Cmo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3, 1952, to 8-22, 1952, that I last saw the deceased alive on 8-21, 1952, and that death occurred at 10 00 P. m., from the causes and on the date stated above.

SIGNATURE: M. F. Burrell — (Degree or title): MD — ADDRESS: Easton Md — DATE SIGNED: 8-25-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8-26-52 — NAME OF CEMETERY OR CREMATORY: Paradise Cemetery — LOCATION (City, town, or county) (State): Trappe, Md.

DATE REC'D BY LOCAL REG.: 8/23/52 — REGISTRAR'S SIGNATURE: N. H. Neeries — 24. FUNERAL DIRECTOR: James B. Dashiell — ADDRESS: Easton, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 2 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co — Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) Lester (Last) Pratt

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1952

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 9-18-1902

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Wells Lustes

14. MOTHER'S MAIDEN NAME: Priscilla Griffen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT AND ADDRESS: Walter Berryman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8 1952 to 10 Aug ~~1952~~, that I last saw the deceased alive on 10 Aug 1952, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE: Thomas Harrison (Degree or Title) M.D. ADDRESS Easton Maryland DATE SIGNED 11 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-13-1952 — NAME OF CEMETERY OR CREMATORY: Chesterfield — LOCATION (City, town, or county) (State): Centreville, Md

DATE REC'D BY LOCAL REG.: 8/11/52 — REGISTRAR'S SIGNATURE: N. H. Nevins

24. FUNERAL DIRECTOR: Baker Bros. — ADDRESS: Centreville Md

RECEIVED
AUG 19 1952
BUREAU V. S.

Item 1 Film G146 9/4/52 whw

38

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Easton — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) J. (Last) Seymour
4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept 19
9. AGE last birthday: 76 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): St. Michaels
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William H. Seymour
14. MOTHER'S MAIDEN NAME: Clarissa Marshall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Eugene Seymour, Richmond Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning

850.8

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Miles River M. (CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 8 28 52 c 7 A m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Fell from boat crabbing

22. I hereby certify that I attended the deceased from DM, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at c 7 A m., from the causes and on the date stated above.

SIGNATURE: Louis S. Netty MD — (Degree or title) DME — ADDRESS: Easton Md — DATE SIGNED: 8-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 30, 1952
NAME OF CEMETERY OR CREMATORY: Client Cemetery
LOCATION (City, town, or county): St. Michaels (State) Md

DATE REC'D BY LOCAL REG.: Aug 29/52
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: J. Hampleton Harrison — ADDRESS: St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 34 Kms.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsboro
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) IRVIN (Middle) (Last) SPARKLIN
4. DATE OF DEATH (Month) Aug. (Day) 16 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec 27, 1900
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Foundation
10b. KIND OF BUSINESS OR INDUSTRY Drug Store
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr. Isaac T. Sparklin
14. MOTHER'S MAIDEN NAME Pearl Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Helen Sparklin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction due to arteriosclerotic coronary Thrombosis

42 .1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Aug., 1952, to 17 Aug., 1952, that I last saw the deceased alive on 16 Aug., 1952, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 17 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 17, 1952
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REG. 4/16/52
REGISTRAR'S SIGNATURE M. H. Neerix
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

T

RECEIVED
AUG 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
LENGTH OF STAY (in this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) James (Last) Spense
4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan 29 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 6 Days 24 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mason
10b. KIND OF BUSINESS OR INDUSTRY: Brick work
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Henry Spence
14. MOTHER'S MAIDEN NAME: Hester Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 220-03-0329
17. INFORMANT & ADDRESS: Mrs. William J. Spence, Easton, Md-R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Nephrosclerosis	chronic
	DUE TO (c) Advanced generalized arteriosclerosis	chronic

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery disease 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1941, to August, 1952, that I last saw the deceased alive on Aug. 22, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE Jno Lederer (DEGREE OR TITLE) M.D. ADDRESS Green Anne DATE SIGNED 8/26

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF Aug. 25 1952
NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery
LOCATION (City, town, or county) Centreville (State) Md.
DATE REC'D BY LOCAL REG. 8/24/52
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

SEP 11 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 41

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place) 60 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS DAVIS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY TALBOT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
STREET ADDRESS (If rural give location) DAVIS AVE

3. NAME OF DECEASED: (Type or Print) (First) MARTIN (Middle) JOHN SPALDING (Last) STARTT
4. DATE OF DEATH: (Month) AUG. (Day) 11 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAY 30 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PAINTING
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE PAINTING
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM ANDREW STARTT
14. MOTHER'S MAIDEN NAME: SARAL ELIZABETH PLUMMER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) SPANISH-AMR.
16. SOCIAL SECURITY No.: 217-03-5990
17. INFORMANT & ADDRESS: LESTER STARTT, EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO Pulmonary embolism

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Coronary artery disease c̄ auricular fibrillation

(c)

Interval Between Onset And Death ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rural, from [illegible] c̄ right [illegible] [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1952, to 11 Aug, 1952, that I last saw the deceased alive on 8 Aug, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] Harrison M.D.
ADDRESS Easton, Maryland
DATE SIGNED 12 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF AUG. 14 '52
NAME OF CEMETERY OR CREMATORY ST. JOSEPH CEM.
LOCATION (City, town, or county) CORDOVA, RURAL (State) MD.

DATE REC'D BY LOCAL REGISTRAR 8/13/52
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR W. Thompson Carroll Jr.
ADDRESS EASTON, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Easton Point.

3. NAME OF DECEASED (Type or Print) (First) Harriett (Middle) Virginia (Last) Taylor
4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec 19, 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Hillsboro, Md
12. CITIZEN OF WHAT COUNTRY U. S.
13. FATHER'S NAME Wm Hicks
14. MOTHER'S MAIDEN NAME Mary Fleetwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ✓
17. INFORMANT AND ADDRESS Joseph T. Taylor, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of breast c metastasis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to 8/22/1952, that I last saw the deceased alive on 8/12/1952, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Aug 25, 52
NAME OF CEMETERY OR CREMATORY Drummond
LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REG. 8/28/52
REGISTRAR'S SIGNATURE N. H. Nurus
24. FUNERAL DIRECTOR [signature]
ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S

ITEMS 3,7, 10a,b, 11, 17, 23: film G 145 8-19-52 CC (L)

08843

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural TRAPPE
LENGTH OF STAY (In this place) days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE GA. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MACON
STREET ADDRESS (If rural, give location) 1507 Coles Alley

3. NAME OF DECEASED (Type or Print) (First) ~~FRANK~~ (Middle) JOHN THOMAS, Jr. (Last) [illegible]

4. DATE OF DEATH (Month) 8 (Day) 6 (Year) 1952

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH unknown
9. AGE last birthday c45 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible] Alamo, Ga.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. do not know
17. INFORMANT AND ADDRESS MD. STATE POLICE via FBI [illegible] Dr Welty, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Stab wound of left shoulder&subclavian vessels

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY cannery shack (CITY OR TOWN) nr Trappe (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 8 (Day) 6 (Year) 52 (Hour) cllP
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? stabbed with butcher knife--card game

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE Louis J. Welty (Degree or title) M.D.D.M.E. ADDRESS Easton, Md DATE SIGNED 8-7-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE THEREOF Aug 7-52 NAME OF CEMETERY OR CREMATORY Balto City Morgue LOCATION (City, town, or county) 700 Feet St., Balto. (State) Md.

DATE REC'D BY LOCAL REG. 8/7/52 REGISTRAR'S SIGNATURE D. H. Nevins 24. FUNERAL DIRECTOR John D Williams ADDRESS Easton, Md.

To Anatomy Bd. U of Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton (Rural)
STREET ADDRESS (If rural, give location) R.F.D. # 3

3. NAME OF DECEASED (Type or Print) (First) Mrs. Lida (Middle) (Last) Tribbitt

4. DATE OF DEATH (Month) August (Day) 24 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH March 5, 1891
9. AGE last birthday 61 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY HW
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr Enoch Satterfield
14. MOTHER'S MAIDEN NAME Lottie Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mr Edden Tribbitt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

570.5 Immediate cause (a) Massive Embolism pulmonary 8/23/52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Peritonitis

(c) Partial obstruction Intestinal

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug 11 - 52
19b. MAJOR FINDINGS OF OPERATION Partial intestinal obst. Easton Talbot
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1952 to Aug 24, 1952, that I last saw the deceased alive on ....., 19....., and that death occurred at 5:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W N Palmer ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 27, 1952
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) (State) Denton, Md

DATE REC'D BY LOCAL REG. 8/25/52
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J. Virgil Moore Son, ADDRESS Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29.0

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON; LENGTH OF STAY (in this place) 36 Yrs 2 5 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Turpin

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: August 1, 1952

9. AGE last birthday: yrs.; If under 1 year: Months; Days 1; If under 24 hrs.: Hours 36; Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEWBORN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or Foreign Country): Memorial Hospital Easton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wallace Turpin

14. MOTHER'S MAIDEN NAME: Ardella Dawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Ardella Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital malformation — Interval Between Onset and Death: 1 day

1593 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (abdominal pregnancy)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1/52 to 8/2/52, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 1845 m., from the causes and on the date stated above.

SIGNATURE: M Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
8/4/52	Burial	Richards	Easton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/3/52	N.R. Nevins	James B. Dashiell	Easton Md

2 N 2 5544

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08846

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) 27 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
STREET ADDRESS (If rural, give location) Md ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	E	Warren.	Aug	19	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male.	Black.	Single	Oct. 2, 1906	45 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		South Bound Brook Nj. U.S.A.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Warren	Lucinda Causey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Florence Farley Brooklyn, Ny.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Starvation	1 month
197X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestinal Obstruction	2 month
	(c) Mesothelioma of peritoneum	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/28/52	General spread of growth throut abd cavity	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/22, 1952, to 8/19, 1952 that I last saw the deceased alive on 8/19, 1952 and that death occurred at 11.40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. T. B. - Ambler	Easton Md.	8/28/52

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-23-52	Rose Hill Cemetery	Linden N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/20/52	M. H. Nevitt	James B. Parkhill,	Easton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08847

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 16 Days 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Alleghany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Mr Sheridan (Middle) (Last) Wheatley
4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept 17, 1872
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER - Lumber Mill
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Mr William Wheatley
14. MOTHER'S MAIDEN NAME: Mary Mayne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr Julius W. Wheatley —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — —

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic lymphatic Leukemia (?)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1952, to Aug 15, 1952, that I last saw the deceased alive on Aug 15, 1952 and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas Harrison M.D. Easton, Maryland 16 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | 8/17/52 | Freemans Cemetery | Sharptown Md

DATE REC'D BY LOCAL REG. 8/16/52 | REGISTRAR'S SIGNATURE N. L. Reeves | 24. FUNERAL DIRECTOR ADDRESS

Paul J Smith, Sharptown, md

RECEIVED
AUG 22 19[illegible]
BUREAU V. S.